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SUBJECT: Canada's Pandemic Influenza Plans

Ref. (A) State 209622

(B) Ottawa 2827 (Public Health Governance)

(C) Ottawa 3448 (Avian Influenza Report 1)

[1](#). Summary: Canada has a national pandemic flu plan dating from early 2004; an updated version is expected in December 2005. Preparing for an influenza pandemic is a top priority for the government of Canada. Canada is working with many partners, including the United States, to enhance global capacity to respond to a pandemic. Canada's experience with SARS in 2003 and with outbreaks of Avian Influenza in domesticated fowl in 2004 and 2005 have given public health officials recent experience in detecting and managing significant infectious disease outbreaks. We think that Canada's medical science and public health infrastructure is capable of timely and effective disease detection and outbreak response. End summary.

A) Preparedness and Communication

[1](#)2. Canada has a strategy that addresses Pandemic Influenza. The Public Health Agency of Canada (PHAC), in conjunction with Health Canada (HC) and the Canadian Food Inspection Agency (CFIA) maintains the Canadian Pandemic Influenza Plan. The Canadian Pandemic Influenza Plan is designed for: federal, provincial and territorial departments of health; emergency workers; public health officials; and health care workers. The plan includes guidelines and checklists that these groups can use in emergency response planning and creates a framework that guides the actions of all levels of government in the event of influenza pandemic. The plan describes the different phases of a pandemic and the roles and responsibilities for each level of government at each phase. The phases described in Canada's plan are based on the World Health Organization's model. The plan covers three activities:

- Prevention activities such as surveillance programs and the establishment of an infrastructure for manufacturing sufficient vaccines to protect all Canadians at the time of a pandemic.

- Preparedness activities include the preparation of actual plans for a pandemic. The preparedness section addresses key activities, such as vaccine programs, surveillance and public health measures in terms of their current status and future requirements.

- Response/Implementation activities for controlling the pandemic, minimizing deaths and any social disruption it causes, including communication activities. Implementation also involves documenting the current activities and outcomes to determine if any changes need to be made to the response.

- The plan was drafted in 2004 and PHAC continues to modify the plan based on new information that comes available; we expect an updated plan to be released in December 2005. The plan also provides a model for responding to other infectious disease outbreaks. British Columbia, Alberta, Ontario and Manitoba have their own pandemic plans, which build on the national model. We think that Canada is fully capable of mounting an effective, internationally coordinated, plan to address an avian influenza pandemic.

- The Canadian Pandemic Influenza Plan is available at:

13. We think that the Government of Canada will be fully truthful in the reporting of disease outbreaks in both animal and human populations. Already the Government of Canada has been forthright with the Canadian public about cases of low pathogenic avian influenza found in wild and domestic fowl (Ref C). Officials in the Canadian and United States human public health and animal health communities are in frequent and frank communication about this and other infectious disease issues, which further ensures transparency.

14. We are of the opinion that preparing for an avian flu pandemic is among the top priorities of the Canadian government. Prime Minister Martin raised the issue in June 2005 during his first meeting with Ambassador Wilkins and identified it as one of the most important issues that Canada and the United States, and the global community, must address. Minister of Health Ujjal Dosanjh hosted the "Global Pandemic Influenza Readiness" meeting of international Health Ministers in Ottawa in late October 2005, further emphasizing the significance that Canada places on pandemic preparation. Both the Prime Minister and the Minister of Health would be appropriate officials to engage.

15. According to Foreign Affairs Canada (the foreign ministry), Canada has fully accepted the International Health Regulations and a recent review of Canadian law indicates that they comply with the IHRs. In our estimation Canada's national laws do not pose any barriers to avian influenza detection, reporting, containment or response. The Canadian provinces play the most significant role in monitoring public health and administering public health responses (ref B); most of Canada's ten provinces have updated their public health and quarantine laws in the wake of the SARS crisis of 2003 to make them more flexible and effective.

16. Canada is collaborating with the WHO, other international organizations and other countries to improve global pandemic preparedness, for example, via the Global Pandemic Influenza Readiness meeting of Ministers of Health in October 2005 in Ottawa. As well, Canada is a member of the Global Health Security Initiative (GHSI) of the G7 plus Mexico and within that forum is co-leading with the United Kingdom discussions related to the supply and use of antiviral medications. Also under the aegis of the GHSI, Canada leads the Global Health Security Laboratory Network. Under the Security and Prosperity Partnership (SPP) Canada, the United States and Mexico have agreed to develop a continental "North American plan" for pandemic influenza by 2006. Canada is a core member of the United States led International Partnership on Avian and Pandemic Influenza.

17. Annual flu shots are administered in Canada. Over the past few years Canada has typically had 10 to 11 million doses of the flu vaccine available annually for publicly funded programs. The Canadian supply comes from manufacturing facilities in Quebec (ID Biomedical produces about 75% of the supply) and France (Aventis which produces about 25% of the supply). ID Biomedical received a ten-year mandate from the Government of Canada in 2001 to assure a state of readiness in the event of an influenza pandemic and provide sufficient influenza vaccine for all Canadians (approximately 60 million doses) in such an event. ID Biomedical is currently in the process of expanding and upgrading its Canadian manufacturing facilities, which are expected, beginning in 2007, to produce around 75 million doses per year of their "Fluviral" brand trivalent, inactivated split-virion egg based influenza vaccine. Although the specific avian influenza vaccine itself cannot be produced until the new pandemic strain emerges, the contract with ID Biomedical allows Canada to build the infrastructure and systems to produce sufficient pandemic vaccine for all Canadians. In addition, in its March 2005 Budget, the federal government provided C\$34 million (approximately US\$29 million) over five years to assist in the development and testing of a prototype pandemic influenza vaccine. According to Foreign Affairs Canada there is currently no liability shield for foreign makers or donors of vaccines. The question of how to facilitate development, production, access and distribution of vaccines and antiviral drugs is, however, a subject of on-going discussions as seen, for example, at the recent Pandemic Flu Ministerial in Ottawa.

-- Canada does not produce an influenza vaccine for poultry.

18. The Canadian population is well informed of the avian influenza threat and of global developments in the progress of the disease and response. Mass media including television, radio and newspapers are reporting on the influenza phenomenon. Government of Canada websites present comprehensive information on the Avian Influenza threat, as well as provide practical guidelines to poultry farmers and the general public regarding poultry management, Biosecurity and food handling to minimize the risk of infection. We fully expect Canadian efforts to inform the public to be as effective as similar measures in the United States.

B) Surveillance/Detection

19. We have observed the recent Canadian experience of detection of avian influenza in wild birds and domestic fowl (ref C). We understand that the medical and agricultural sectors are fully capable of detecting a new strain of influenza among people or animals in a timely fashion. Canada possesses a Biosafety level 4 facility in Winnipeg, Manitoba capable of sub-typing influenza viruses. This facility, the Public Health Agency's National Microbiology Laboratory (www.nml.ca) is co-located with the CFIA's National Centre for Foreign Animal Diseases at the Canadian Science Centre for Human and Animal Health. Foreign Affairs Canada has indicated to us that the international community is considering the Canadian facility for inclusion as a WHO Reference laboratory.

10. The Science Section of the Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control (CIDPC) of PHAC produces weekly (October thru May) or biweekly (June thru September) FluWatch reports, summarizing influenza surveillance activities in Canada. Influenza surveillance is a collaborative effort between provincial and territorial ministries of health, participating laboratories, the College of Family Physicians of Canada, sentinel practitioners, and CIDPC. For the 2005-2006 season, the FluWatch website includes graphical representation of the data collected through the three main components of the influenza surveillance system: 1) laboratory-based influenza virus identification, 2) influenza-like illness reporting by sentinel physicians across the country and 3) reporting of influenza activity by provincial and territorial epidemiologists. Influenza activity level maps enable the user to select single or dual map views, zoom in to look at the activity levels for a specific province/territory and to view a dynamic map depicting changes in activity levels for user-defined time periods

-- The FluWatch website is at:
<http://www.phac-aspc.gc.ca/fluwatch/index.htm> 1

11. We think that Canada's medical science and public health infrastructure is capable of timely and effective disease detection and outbreak response. We do not think there is any critical gap at this time that need be filled by U.S. or international organizations.

C) Response/Containment

12. Canada has a national antiviral stockpile; in February 2005 the Minister of Health announced a federal contribution of C\$24 million (approximately US\$20 million) towards the creation a national antiviral stockpile of oseltamivir. As of November 1, 2005 federal, provincial and territorial governments together currently own 35 million capsules (75 milligrams each) of oseltamivir (Tamiflu), with another five million on order. The national antiviral stockpile will be used to treat identified priority groups agreed upon by a national expert advisory committee on pandemic influenza. The priority groups include, for example, those hospitalized for influenza.

13. The National Emergency Stockpile System (NESS) contains everything that one would expect to find in a hospital: beds, blankets, personal protective gear such as masks and gowns, surgical and medical devices and a supply of pharmaceuticals. This includes a stockpile of antiviral medication.

14. We believe that the rapid response capacity for animal and human outbreaks is comparable to that in the United States. Federal and provincial guidelines are in place for preventing the spread of avian influenza on farm premises and for implementing on-farm Biosecurity

precautions. The CFIA implemented preventative and precautionary control measures in response to the discovery of avian influenza in a domestic duck in British Columbia (Ref C) to limit and prevent the spread of the virus to other commercial premises - including quarantine, culling and disinfection. The CFIA actions are consistent with the recommendations agreed to by governments and industry following the 2004 Abbotsford British Columbia outbreak of Avian Influenza and reflect the guidelines of the World Organization for Animal Health.

15. Canada's National Pandemic Influenza Plan explicitly describes actions authorities would take, such as quarantine and social distancing measures, including closing schools and restricting public gatherings to address a pandemic. Canadian authorities are willing and capable of imposing these measures. The National Pandemic Influenza Plan provides for military assistance in preparing "alternate care sites" (auxiliary hospitals) for infected individuals. The GoC, however, has not made any explicit mention of using its armed forces to enforce quarantine; nevertheless this option exists as the Canadian federal system allows for the military to provide "aid to the civil power". Typically "aid to the civil power" would involve a province asking the Chief of Defence Staff for military assistance during natural disasters (the Great Ice Storm of 1998) or civil unrest (Quebec Separatist FLQ crisis of 1970). The federal government could also deploy the military in areas where it has sole jurisdiction such as at ports of entry, including airports and seaports or along the frontier to maintain a cordon sanitaire.

Wilkins